



ALLIANCE
UNIVERSITY
College of Commerce

Affix
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Date:

SCHOLARSHIP APPLICATION FORM

1	Name		M	F
2	Application Form Number		Year	
3	Program			
4	Permanent Address			
	Contact No.:			
	Mobile:			
	E-mail:			
5	Scholastic Record			
	X Std:			
	XII Std:			
	Graduation: (Aggregate %)			
6	Whether any course was repeated? (YES / NO)			
7	Aptitude Test Percentile / Score (CAT / GMAT)			
8	Date Appeared:			

Notes:

1. All supporting documents certified by a gazetted officer must be attached.
2. Originals must be produced for verification.

I declare that the above details are true and correct. If, at any time, any of the information is found to be incorrect, I understand that my admission, if granted, and any scholarships, if granted, would automatically be rendered null and void.

Signature of the Candidate